THE HCF NO-GAP GLA:D® KNEES PROGRAM ELIGIBILITY CHECK

Complete and email to:
glad@hcf.com.au

Use this form to assess if a patient is eligible for the above program.

Patient name

Title

First name

Surname

Enquiry date

1 CHECK PATIENT CLINICAL ELIGIBILITY (COMPLETED BY PHYSIO OR EXERCISE PHYSIOLOGIST)

HCF members need to meet ALL criteria below to receive full reimbursement from HCF.

Being over 18 years old.	Yes ☐	No ☐
Having a diagnosis of symptomatic knee osteoarthritis that may require joint replacement surgery in the upcoming few years as assessed by an orthopaedic surgeon, general practitioner or physiotherapist.	Yes ☐	No ☐
Not having had a total or partial knee joint replacement surgery on the knee that will be treated in this program.	Yes ☐	No ☐
Not having participated in the GLA:D® Program for Osteoarthritis in the previous 2 years.	Yes ☐	No ☐
Hold eligible HCF hospital cover for a minimum of 12 months that includes joint replacement surgery for a minimum of 2 months and be up to date with premiums (determined by HCF).	Yes ☐	No ☐
Be willing and able to complete the member feedback surveys.	Yes ☐	No ☐

Clinical eligibility check (physiotherapist/exercise physiologist).

Initial if approved

X

Date

2 DISCUSS PROGRAM WITH PATIENT (COMPLETED BY PHYSIO OR EXERCISE PHYSIOLOGIST)

If eligible and approved by HCF, explain that the program consists of:

- an initial assessment, including a 30-second chair stand test and a 40m walk test
- 2 group education sessions (60 to 90 minutes each)
- 12 supervised group exercise sessions (60 minutes each, 2 times a week)
- a 3-month follow-up assessment to repeat tests, review goals and plan next steps.

3 CHECK HCF ELIGIBILITY (COMPLETED BY ADMIN)

If patient meets all the above criteria and physio has signed off, please obtain their full name, name of their private Health Fund and their number on the card.

HCF member number

Date of birth

Staff member making call to HCF

Title

First name

Surname

Health fund eligibility

Practitioner

Provider number

Practitioner

Provider number

Practitioner

Provider number

Call HCF on **1800 789 131** or email to **glad@hcf.com.au** to confirm eligibility and obtain written email approval, including:

- they have held eligible HCF hospital cover for at least 12 months
- their hospital cover includes knee replacement surgery for at least 2 months
- their premiums are up to date
- the clinical criteria above are met.

Outcome: Eligible ☐ Not eligible ☐

If patient is eligible HCF will send a consent form. This form must be completed and emailed to HCF at **glad@hcf.com.au**. The patient is now eligible for the GLAD program.